

PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Gust H. Bardy et al. Confirmation No.: 6000
Serial No.: 10/011,860 Examiner: K. Droesch
Filing Date: November 5, 2001 Group Art Unit: 3762
Docket No.: 1201.1124101 Customer No.: 28075
For: MONOPHASIC WAVEFORM FOR ANTI-BRADYCARDIA PACING FOR A
SUBCUTANEOUS IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JUN 09 2004
TECHNOLOGY CENTER 3700

AMENDMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315614269 US, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3rd day of June 2004

By Kathleen L. Boekley
Kathleen L. Boekley

Dear Sir:

This paper is in response to the Office Action mailed March 4, 2004, with a shortened statutory period set to expire on June 4, 2004. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Abstract begin on page 8 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 9 of this paper.

Remarks/Arguments begin on page 23 of this paper.

06/08/2004 RNEBRAHT 00000151 10011860

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gust H. Bardy et al.

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TRANSMITTAL SHEET

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We are transmitting herewith the attached:

[XX] Amendment
[] No additional claim fee required
[XX] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	69 -	69 =	0	X 9=	\$0	X 18=	\$
INDEPENDENT CLAIMS	16 -	4 =	12	X 43=	\$516	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$0	+ 290 =	\$
TOTAL				\$516		\$	

[XX] A check in the amount of ~~\$696.00~~ is enclosed. Itemization:

Fee Code 2201 \$516.00

Fee Code 1806 \$180.00


Fee Code \$

[XX] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: LETTER TO OFFICIAL DRAFTSMAN, 9 SHEETS OF FORMAL DRAWINGS, INFORMATION DISCLOSURE STATEMENT BEFORE MAILING DATE OF EITHER A FINAL ACTION OR NOTICE OF ALLOWANCE (37 C.F.R. § 1.97(c)), FORM PTO-1449 AND 132 CITED REFERENCES.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
Mark R. Schroeder, Reg. No. 53,566

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